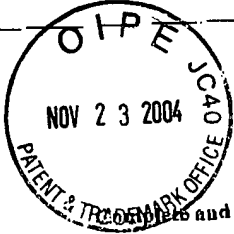


PART B - FEE(S) TRANSMITTAL



Box ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21186 7590 10/22/2004

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GATEWAY, INC.
ATTN: JEFFREY A. PROEHL
610 GATEWAY DRIVE, MS Y-04
N. SIOUX CITY, SD 57049

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

LOR BOULWARE (Depositor's Name)
[Signature] (Signature)
NOVEMBER 23, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/016,492	02/11/2002	FRANK LIEBENOW	P1166US01	4563

TITLE OF INVENTION: COMPUTER KEYBOARD DISPLAY DEVICE CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	01/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DHARIA, PRABODH M	2673	345-168000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

SCHWEIGMAN, LUNDBERG, WOESSNER & KLUTH, PA
1 _____
2 _____
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(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

GATEWAY, INC.

IRVINE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 2

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☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0439 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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[Signature]

(Date)

NOVEMBER 23, 2004

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